

E. Application form for staff

DHR-CDC-1947

APPLICATION FORM FOR STAFF

(including caregivers, employees, teachers, substitutes, volunteers, cooks, bus drivers, domestic workers)

Date of Application _____
 Position _____
 Date Hired _____

Name:	_____			
	Last	First	Middle	Maiden (if applicable)
Address:	Street: _____			
	City: _____			
	State: _____		Zip Code _____	
Telephone Number: ()		Date of Birth:		
Driver's License Number:		Expiration Date of Driver's license:		

EDUCATION:

EDUCATION	School/Institution	Dates Attended	Diploma/Degree/Certificate
Elementary			
High School			
College			
Graduate			
Other			

CHILD CARE TRAINING:

List all courses, workshops, and conferences related to child development and early childhood education. Attach additional pages if necessary. Attach copies of certificates received.

Title of course/Workshop/conference	Sponsor	Location	Date(s)	Number of hours

EMPLOYMENT HISTORY:

List in order beginning with your most recent employment. Attach additional pages if necessary.

Employer	Employer's Address	Position/Job	Date(s) Worked	Reason for leaving

REFERENCES:

List at least three persons who are not related to you by blood, marriage, or adoption to be contacted as references. **At least one must be a former employer.** Addresses must be complete and accurate.

Name of Former Employer: _____
Last
First
Middle

Address: _____
Street
City

_____ (_____) _____
State
Zip code
Area Code
Telephone Number

Name: _____
Last
First
Middle

Address: _____
Street
City

_____ (_____) _____
State
Zip code
Area Code
Telephone Number

Name: _____
Last
First
Middle

Address: _____
Street
City

_____ (_____) _____
State
Zip code
Area Code
Telephone Number

Criminal History Background Information Checks:

In accordance with Alabama law, (Code of Alabama 1975, Title 38, Chapter 13, effective November 1, 2000), the criminal history background information check shall be completed on each substitute, caregiver, volunteer, and domestic worker, as well as any other person who has contact with the children or unsupervised access to the children shall be reviewed.

Current Criminal Charges:

Are there any current criminal charges against you? _____

If yes, give details.

Clearance of State Central Registry on Child Abuse/Neglect:

A completed REQUEST FOR CLEARANCE OF STATE CENTRAL REGISTRY ON CHILD ABUSE/NEGLECT (DHR-DFC-1598) shall be obtained for each caregiver, substitute, volunteer, domestic worker, and any other person who has contact with the children or unsupervised access to the children.

By signing this form, I am affirming that the above statements I have made are true and factual to the best of my knowledge; and I am granting permission for all persons, organizations, or agencies listed above to be contacted for information regarding my background.

Signature

Date



Date: _____

**SUPPLEMENTAL APPLICATION FORM FOR ALL POSITIONS -
ATTACHMENT TO DHR-CDC-1947**

Before applying, please read the desired qualifications statement and/or job description carefully.

Name: (Please Print)	Email Address:
Telephone: (We must have a contact number)	
(Home) (Work) (Cell)	Position(s) applied for: How did you learn of this job opening?
May we contact you at work? ___ Yes ___ No ___ N/A	<input type="checkbox"/> ACHR's Website <input type="checkbox"/> Sign at our center(s) <input type="checkbox"/> Newspaper ad <input type="checkbox"/> On Line (ex. Indeed) <input type="checkbox"/> Job Fair <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Office Query <input type="checkbox"/> Alabama Job Link
Work Preference: _____ Full-Time _____ Part-Time _____ Either If Part-Time Specify Days/time available _____ M – F Mornings _____ M – F Afternoons	If offered a job, when would you be available to start? _____ Day Month Year

- Do you have, or have you ever had, a child in Head Start/EHS? Yes No If yes, where? _____
- Is anyone who works for or who has worked for ACHR related to you, or is/was your friend? Yes No
If yes - Who? _____ Relationship(s) _____
(ACHR, Inc. has rules/policies concerning supervision of relatives.)
- Do you have a reliable way to get to work? Yes No
If applying for Home Visitor, Family Engagement Advocate, Behavior/Intervention Specialist, etc., do you have access to vehicle *throughout the day* so you can go on home visits or go between centers? Yes No
If you drive to work or on ACHR business, you must provide proof of vehicle insurance at the time of your employment and again *at each renewal*.
- Have you been convicted of a crime (felony) within the past seven years? Yes No
- List skills from past employment or other experience that might be useful in this position.

- Have you filled out an application here before? Yes No If yes, when? _____
(ACHR keeps applications **on file for (1) one year only** from date of submittal)
- Have you been employed here before? Yes No If yes, list dates and position(s) held below:

- List languages you speak besides English: _____ Fluent___ Intermediate ___ Novice___

9. **Work References Required:** List at least three persons who are current or former employers, supervisors or managers. Give accurate addresses, telephone numbers and email contact information. If you have worked doing lawn care, babysitting etc., you may use those as work references.

If you have recently graduated and have had little or no employment, you may give names of teachers or professors or other authority figures (pastors, priest, lawyers, doctors, etc.)

Name	Relationship to Reference	Business Name	Mailing Address	Phone Number (Area Code)	Email

If you listed different references on the previous pages, please list phone and email contact for each of those.

IMPORTANT NOTICE FOR POTENTIAL NEW HIRES

Prior to hiring, completion of a background check & medical screening is required by our funding agency and the agency that licenses some of our programs. *If you are selected as a strong potential hire you will be asked to pick up a packet of forms to complete which will include:*

- Information for Live Scan Fingerprints for Criminal History Check (Applicant responsible for cost)
- Medical Report For Persons Giving Care to Children/TB Doc (DHR-CDC-737) (Applicant responsible for cost)
- Child Abuse/Neglect (CA/N) Central Registry Clearance Form (DHR-FCS-1598) (no cost to applicant)
- Sexual abuse clearance (done by our staff, on line, with information you provide) (no cost to applicant)
- Motor Vehicle Report Release (Bus Drivers, Mechanic) (no cost to applicant)

I hereby affirm that all information given on this application is true to the best of my knowledge. I further understand ACHR is not obligated to grant an interview after screening applications. I understand that if offered a job and given training that I will NOT be paid for training time unless I then work at the job for which I was selected.

Signature _____ Date _____

STAFF USE ONLY - MUST BE COMPLETE *Complete after conferring with CEO.*

Job Title _____ Site _____ Start date _____ Grant(s) _____

Job Classification: Temp Part-time _____ Part-Time _____ Temp Full-Time _____ Full-Time _____ Hrs/day _____

Supervisor _____ Circle Number of months to work: 9, 9 1/2, 10, 11, 12 Other _____

Salary Level _____ Circle One: yearly monthly

Signature Fiscal Coordinator (if other specify) _____ Date _____



ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
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04410420

**APPLICATION – RELEASE OF INFORMATION
ACKNOWLEDGMENT/AUTHORIZATION
(PLEASE READ BEFORE SIGNING)**

I understand that this application is not an offer of employment and that by accepting my application Alabama Council on Human Relations, Inc. (ACHR, Inc.) does not guarantee that I will be offered a job. I also understand that if I am offered and accept a job, ACHR, Inc. reserves and retains the right to make such changes in the terms and conditions of my employment, with or without notice, as determined to be necessary or appropriate.

If employed, I agree to follow the policies and procedures of ACHR, Inc. I understand and agree that any possible employment is not for any guaranteed length of time, and that employment is based on the consent of both ACHR, Inc. and the individual employee, and that both ACHR, Inc. and I have the freedom to terminate the employment relationship whenever either chooses to do so, and that no policy, procedure or practice of ACHR, Inc. may in any way constitute or be construed as either a contract of employment between ACHR, Inc. and me or a promise of employment.

I understand that I will be required to provide a physician's medical examination (on the DHR Form) prior to completing the hiring process and, if I am hired, at any time ACHR, Inc. deems appropriate after I am hired (at least every 4 years). Such physical examinations may include drug-screening tests to determine whether I have been or am using illegal drugs, controlled substances, or inappropriately using prescribed medications. I understand that both initial and continued employment are contingent upon the successful completion of such examinations, but that successful completion does not guarantee initial or continued employment. I agree to have such physical examinations and to have the results released to appropriate ACHR, Inc. staff. I understand that ACHR, Inc. is a drug free company. I also understand that I will be required to obtain and pass a criminal background check using the DHR system (and then again every 5 years). I hereby release ACHR, Inc. and its officers, agents, and employees from all liability that may arise from such physical examinations or criminal background check or the use of disclosure of the results.

I hereby:

- a. authorize inquiries seeking information and/or verification concerning my employment, personal and medical history (if relevant to my position), and
- b. release from all liability, damage and/or responsibility all persons, schools, hospitals, corporations, governmental agencies or other organizations furnishing information and/or documentations regarding my employment, personal, or medical history and
- c. authorize the release of any such information and/or documents, including law enforcement records.

I certify that all statements made by me on this application as well as in employment interviews are true and complete to the best of my knowledge and that I have withheld nothing. Moreover, I understand that any pertinent omission or misrepresentation of fact will result in refusal of employment or immediate dismissal when discovered.

If you have any questions regarding this statement, please ask them before signing. **I HAVE READ AND UNDERSTAND THIS STATEMENT.**

Signature _____ Date _____



APPLICATION – EMPLOYEE – ADDITIONAL QUESTIONS - GENERAL

Name _____ Date _____

1. What do you know about The Alabama Council on Human Relations, Inc.?

2. Why do you want to work at ACHR?

3. What experience do you have that would be useful to our agency?

4. What special skills do you have that would be useful in the position you are applying for?

5. What do you want to be doing five years from now?

6. Describe your strengths.

7. Describe your weaknesses.

8. Describe your skills in working with other people.

9. What else would you like us to know about you?